GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:5241
ANSWERED ON:30.04.2008
MATERNAL AND INFANT MORTALITY
Adhalrao Patil Shri Shivaji;Adsul Shri Anandrao Vithoba

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has sought the support of young doctors to deal with the situation arising out of high maternal and infant mortality;

(b) if so, the details thereof;

(c) whether the Union Government proposes to give incentives to the young doctors to encourage them in this regard; and

(d) if so, the details thereof?

Answer

THE MINISTER OF STATE FOR HEALTH & FAMILY WELFARE(SMT. PANABAKA LAKSHMI)

(a) to (d): The primary health care services are being provided in rural areas through a network of 145272 Sub-centres, 22370 Primary Health Centres and 4045 Community Health Centres as on March, 2007.Under National Rural Health Mission (NRHM), funds are released to States/UTs Governments for upgradation and strengthening of Primary Health Centres including contractual appointment of doctors/specialists in the field of Anesthesia, Gynaecology etc. to provide the services at Community Health Centres to reduce Maternal and Infant mortality.The State/UT Governments are however required to incorporate their requirement in their annual NRHM Programme Implementation Plans.

A Task Group constituted under the National Rural Health Mission under the Chairmanship of Director General of Health Services has recommended the following measures to ensure the services of doctors in rural areas:

Decentralization of recruitment at district level;

Walk-in-interview and contractual appointment of doctors;

Enhancing the salary for posting in rural areas by one-third;

Increasing the admission capacity in medical colleges for Anesthesia;

To start one year Certificate Course in Anesthesia for Medical Officers working in the system at present to be given by National Board of Examination.

Hiring of private practitioners on case-to-case basis.

Various State/UT Governments have taken the following steps/initiatives:

Compulsory rural/difficult area posting for admission to post-graduate courses and as a pre-requisite for promotion, foreign assignment or training abroad;

Compulsory rotation of doctors on completion of prescribed tenure as per classification of locations;

Option to forgo non practicing allowance and undertake practice without compromising on assigned duties, as per the service rules; offering incentive in form of allowance etc.

Contractual appointment of doctors/specialists under NRHM.